FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEC Mail Processing Section

FORM D

SEC USE ONLY						
Prefix	1	Serial				
DA	TE RECEIV	ED				

Was Maniform Limited Offering Exemi	PITON
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Offer	
for Common Stock (including underlying shares issued upon exercise of Warrant) for aggregate	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing Amendment	SEC Mail Processing
A. BASIC IDENTIFICATION DATA	Section
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	'.mi 0 12008
Batanga, Inc.	Washington Do
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Increding Area Code)
2121 Ponce De Leon Blvd., Suite 820, Coral Gables, FL 33134	305.476.2974
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Integrated online and media entertainment companies focused on the U.S. Latino population	PROCESSED
Type of Business Organization corporation limited partnership, already formed other (p	olease specify): JUL 0 7 2008 THOMSON REUTER
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated ; DE
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manuall photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION —	

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	quested for the fol	llowing:			- -
Each promoter of the second control of	he issuer, if the iss	suer has been organized w	ithin the past five years;		
Each beneficial own	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive offi	icer and director o	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
 Each general and n 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Urbina, Rafael	f individual)				
Business or Residence Addre c/o Batanga, Inc., 2121 Poi		Street, City, State, Zip Co d., Suite 820, Coral Gab			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, it Kim, John	f individual)				
Business or Residence Addre lo Batanga, Inc., 2121 Pon	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it Boehm, Bruce	f individual)				
Business or Residence Addre clo Batanga, Inc., 2121 Pon					
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre c/o Batanga, Inc., 2121 Por					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Rosenberg, Steven	f individual)				
Business or Residence Addre c/o Batanga, Inc., 2121 Por		Street, City, State, Zip Cod., Suite 820, Coral Gab	•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Santaella, Hector	f individual)	· ··-			
Business or Residence Addre c/o Batanga, Inc., 2121 Po		Street, City, State, Zip Cod., Suite 820, Coral Gab			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Scarpa, Carmen	f individual)				
Business or Residence Addre c/o Batanga, Inc., 2121 Por		Street, City, State, Zip Cod., Suite 820, Coral Gab			
	(Use bla	ink sheet, or copy and use	additional copies of this s	heet, as necessary)	

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of p	partnership issuers; and
 Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Fischer, Jochen	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Batanga, Inc., 2121 Ponce De Leon Blvd., Suite 820, Coral Gables, FL 33134	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) H.I.G. Ventures-HMI, Inc.	
Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Brickell Bay Drive, 27th Floor, Miami, FL 33131	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) H.I.G. Venture Partners II, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1001 Brickell Bay Drive, 27th Floor, Miami, FL 33131	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) R2 Investments	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Rafael Urbina, 2121 Ponce De Leon Blvd., Suite 820, Coral Gables, FL 33134	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) R2 Ventures	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Rafael Urbina, 2121 Ponce De Leon Blvd., Suite 820, Coral Gables, FL 33134	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Brandwayn, Luis	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Batanga, Inc., 2121 Ponce De Leon Blvd., Suite 820, Coral Gables, FL 33134	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Tudor Ventures III L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code) 50 Rowes Wharf, Suite 600, Boston MA 02110	

<u> </u>		A. BASIC ID	ENTIFICATION DATA		
2 Enter the information re	quested for the fol	lowing:			
 Each promoter of t 	he issuer, if the iss	suer has been organized w	ithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
 Each executive off 	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of p	partnership issuers; and
 Each general and r 	nanaging partner o	f partnership issuers			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i The Raptor Private Portfol					
Business or Residence Addre c/o Batanga, Inc., 2121 Po		Street, City, State, Zip Co d., Suite 820, Coral Gab			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, TriState Investment Group				, ,	
Business or Residence Addre So Batanga, Inc., 2121 Por					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	-			
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			.	
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)		
	(Use bla	ank sheet, or copy and use	additional copies of this :	sheet, as necessary)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
	Uaatha	issuer sels	l, or does th	a issues is	stand to co	II to non-a	coredited i	nvestors in	thic offer	ina?		Yes	No ☑
1.	Has the	issuer soic	i, or uoes ir			Appendix.					•••••		
2.	What is	the minim	um investn			• •						s N/A	
												Yes	No
3.	Does the offering permit joint ownership of a single unit?											~	
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remune ted is an ass ime of the b you may s	ration for s sociated pe roker or de	solicitation erson or age caler. If mo	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful N/		Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	umber and	d Street, Ci	ity, State, Z	Cip Code)						·
_													
Na	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	***************************************				•••••		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Fui	l Name (Last name	first, if ind	ividual)					•				
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)				_		
Na	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		- · · · -		_		<u> </u>
	(Check	"All States	s" or check	individual	l States)	*****************						☐ AI	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)									•
Bu	siness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated Br	roker or De	aler									
Sta	tes in Wi	nich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers	-					
	(Check	"All State:	s" or check	individual	States)				••••			☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	7,000,000 *	\$ 7,000,000 *
	Equity		s -0-
	Common Preferred	<u> </u>	
	Convertible Securities (including warrants)	-0-	s -o-
	Partnership Interests		s0-
	Other (Specify)		s -0-
	Total		\$ 7,000,000 *
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$_7,000,000 *
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		. \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs] \$
	Legal Fees		\$ 15,000
	Accounting Fees] \$
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)	F] \$
	Other Expenses (identify)	F] \$
	Total		§ 15,000

^{*} A Warrant was issued in connection with the Notes. No cash consideration was paid for the Warrant.

C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSE	S AND USE OF PR	OCEEDS	
and total expenses furnished in response to	egate offering price given in response to Part Part C — Question 4.a. This difference is th	e "adjusted gross		\$
each of the purposes shown. If the amo	d gross proceed to the issuer used or proposunt for any purpose is not known, furnish the total of the payments listed must equal the total of the Question 4.b above.	an estimate and		
			Payments to Officers. Directors, & Affiliates	Payments to Others
Salaries and fees			\$	s
Purchase of real estate			\$	
Purchase, rental or leasing and installati	on of machinery		\$	s
Construction or leasing of plant building	gs and facilities		\$	s
offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another		\$	s
· · · · · · · · · · · · · · · · · · ·		_		-
• •				
Redemption of stock				. Ц ———
			\$	□\$
	ided)		⋥ \$ <u></u> •	985,000
	D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be sig signature constitutes an undertaking by the is the information furnished by the issuer to an	suer to furnish to the U.S. Securities and E.	xchange Commissi	on, upon writte	ale 505, the followin en request of its staf
ssuer (Print or Type)	Signature		ite	·
Batanga, Inc.	- M	m/ Ji	ıne <u>√6</u> , 2008	
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Hector Santaella	Chief Financial Officer			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?	sently subject to any of the disqualification	Yes No
	See A	Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required		which this notice is filed a notice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon writte	en request, information furnished by the
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the sta of this exemption has the burden of establishing	ate in which this notice is filed and understands	
	uer has read this notification and knows the content thorized person.	nts to be true and has duly caused this notice to b	be signed on its behalf by the undersigned
Issuer (Print or Type)	Signature	Date
Batanga	a, Inc.	(SWW)	June <u>26</u> 2008
Name (Print or Type)	Title (Print or Type)	

Chief Financial Officer

Instruction:

Hector Santaella

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX ì 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and explanation of offering price to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Notes and Number of Number of Accredited Non-Accredited Warrant Investors Yes No State Yes No Investors Amount Amount ALΑK ΑZ AR CA CO CT DE DC FLGA HI ID \$7,000,000 1 \$7,000,000 IL IN IA KS ΚY LΑ ME MD MA ΜI MNMS

APPENDIX 4 5 1 2 3 Disqualification Type of security under State ULOE (if yes, attach Intend to sell and aggregate to non-accredited offering price Type of investor and explanation of amount purchased in State waiver granted) offered in state investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Notes and Non-Accredited Warrant Accredited Investors Investors Yes No State Yes No Amount Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RΙ SC SD TN TX UT VTVAWA

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				APP	ENDIX				
1		5 Disqualification							
	to non-a	i to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and expl amount purchased in State wais		(if yes explan waiver	State ULOE ves, attach lanation of ver granted) t E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

